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Bib Data Sheet

CONFIRMATION NO. 9490

SERIAL NUMBER 10/686,619	FILING DATE 10/17/2003  RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 031896-4000
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/419,088 10/18/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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## TITLE

Compositions and methods for diagnosing and treating autoimmune disease

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )